

# WYOMING WORKERS' SAFETY AND COMPENSATION

Cheyenne Business Center 1510 East Pershing Boulevard  
Cheyenne, WY 82002-0700  
(307) 777-7441

## RELEASE OF INFORMATION

*Please sign and return this form only if you would like to designate any other person (i.e. spouse, mother, father, brother, family member, etc.) to inquire about the status of your case, or to give information about your case to the Wyoming Workers' Safety and Compensation Division. Thank you.*

Case # \_\_\_\_\_

SS # \_\_\_\_\_

I, \_\_\_\_\_ give my permission for my \_\_\_\_\_,  
(name of injured worker) (state relationship)

\_\_\_\_\_ to give and receive information regarding my Workers'  
(name)

Compensation case. I give permission for the Division to speak to the above person on issues concerning my case.

\_\_\_\_\_  
(signature of injured worker)

\_\_\_\_\_  
(date)